

Intern Program Application

Committee on Ways and Means

Chairman, Bill Thomas (R-CA)

Name _____ Date _____ Date of Birth _____

E-mail address _____ Political Affiliation _____

Permanent Address: Street _____

City, State, & Zip code _____

Day Phone () _____ Evening Phone () _____

School Address: Street _____

City, State, & Zip code _____

Day Phone () _____ Evening Phone () _____

High School _____ Graduation Date _____

College _____ Graduation Date _____

Major _____ Minor _____ GPA _____

Graduate Program/s (school and program name) _____

Graduation Date _____ GPA _____

Internship for which you are applying:

Winter _____ Spring _____ Summer _____ Fall _____

Available Dates _____

Full Time / Part Time (please indicate days of week) _____

Foreign Languages _____

Computer Skills (Please note the programs with which you have a working knowledge)

Please rank the following offices listed below within in our Committee that are of interest to you:

Front Office _____ Assisting the Chief Counsel _____ Assisting the Calendar Clerk _____

Press Office _____ Tax Office _____ Subcommittee on Health _____ Subcommittee on Trade _____

Subcommittee on Human Resources _____ Subcommittee on Oversight _____

Subcommittee on Select Revenue Measures _____ Subcommittee on Social Security _____

Please list additional policies that are of interest to you _____